

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | |
|-------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/522886</u> | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Filing | | | \$ 100.00 | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | | | | | |
| Done | | 7 TOTAL AMOUNT OF REFUND | | \$ 100.00 | | | | | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | Treasury Check | | | | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | Credit Deposit A/C #: | | | | | | | | | | | | | |
| No Fee Due (Explanation): | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Refunded to Credit card | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Darrell Cottman</u> | | | TITLE: <u>Paralegal</u> | | | | | | | | | | | | |
| SIGNATURE: <u>Darrell Cottman</u> | | | PHONE: <u>703-308-9140 x203</u> | | | | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | |
| APPROVED: _____ | | | DATE: _____ | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: